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# The National Clearinghouse on Family Violence

## Adult Survivors of Child Sexual Abuse

### Who Is an Adult Survivor of Child Sexual Abuse ?

An individual who was sexually abused as a child is an adult survivor of child sexual abuse. This abuse may have had long-term effects on the survivor's life. In most instances, the victim of the abuse never discussed the abuse with others while it was occurring. This individual is learning now, as an adult, to deal with the effects of the abuse.

The term '*survivor*' is used, instead of the term '*victim*', because the individual has survived the childhood sexual abuse. The term is used in recognition of the strengths of the individual who has survived.

**Child sexual abuse** occurs when a child is used for the sexual gratification of an older adolescent or adult. It also involves the abuse of power that an adult has over a child. The sexual abuse may be used by the adult as a means of fulfilling his need to be powerful.<sup>(1)</sup>

Sexual abuse occurs across all communities regardless of race, religion, cultural heritage, social or economic status.

According to the Committee on Sexual Offences Against Children and Youth (commonly known as The Badgley Committee) 98.5% of abusers are male and most victims are female.<sup>(2)</sup> For this reason when referring to abusers the



male personal pronoun will be used. However, it is important to recognize that boys and male adolescents are also sexually abused. Male survivors may recognize some of their experiences as similar to those of female survivors.<sup>(3)</sup>

## **How Widespread Is the Problem?**

The most recent national Canadian study (1984), conducted by the Badgley Committee, estimates that about one in two females and one in three males have been victims of unwanted sexual acts. Four in five of these acts were committed against the person as a child or youth.<sup>(4)</sup>

*If you are dealing with the effects of child sexual abuse, please remember that you are not responsible for the abuse. No one ever deserves to be abused. As an adult, you can overcome the effects the abuse may have on your life.*

## **Facts to Consider**

- Many survivors, estimates are as high as 50%, do not remember the abuse until years after it has occurred. Usually something in adulthood will trigger the memory. Some are never able to clearly recall the abuse.<sup>(5)</sup>
- Survivors often hold the distorted belief that they are responsible for the abuse perpetrated against them. This results in feelings of extreme guilt and self-blame. Most abusers tell children that it is their own fault they are being abused, shifting the blame away from the abuser, where it belongs, and placing it on the child.<sup>(6)</sup>
- A recent Canadian survey (1991) of women serving federal sentences in penitentiaries notes that 53% of the women incarcerated stated that they had been sexually abused at some stage in their lives, most commonly during childhood or adolescence.<sup>(7)</sup>
- Children with disabilities are particularly at risk for sexual abuse. Researchers evaluating the findings of several incidence studies suggest that the risk of sexual abuse is at least 50% higher for children with disabilities than nondisabled children of similar age and gender. As adults, people with disabilities who have been abused are further disadvantaged by the fact that they are frequently denied access to counselling services and even when services are accessible, they are unable to meet the individual needs of clients with disabilities.<sup>(8,9)</sup>
- Numerous studies have discussed the direct relationship between child sexual abuse and adolescent/adult prostitution. The estimates range from 76 to 90 % of prostitutes having a history of child sexual abuse, the most common form being incest (the sexual abuse of a child by a family member).<sup>(10,11)</sup>
- Survivors are revealing in increasing numbers that they have been victims of ritual abuse. Studies indicate that this type of abuse, which is



characterized by its repetitive and systematic severe sexual, physical, psychological, and spiritual abuse of children, is much more prevalent than originally believed. The after-effects are severe.<sup>(12,13)</sup>

### **Common Long-Term Effects**

Each individual's experiences and reactions are unique to that individual. However, with so many survivors breaking the silence and talking about their experiences, it has become apparent that there are some responses to child sexual abuse that are common to many survivors.

- Feelings of extremely low self-esteem or self-hatred are common in survivors. Extreme depression is something with which survivors also battle.
- Survivors often experience frequent sleep disturbances and nightmares. Links have been made between this and the fact that children are often sexually abused in their rooms, in their own beds.
- Trust is a crucial issue for many survivors throughout their lives. They were betrayed by the very people who cared for them, who insisted they loved them even while abusing them. Often, a sense of a just world is denied children who are sexually abused. Learning to trust can be next to impossible under these circumstances.<sup>(14)</sup>
- Revictimization describes the process whereby women who were sexually abused as children frequently find themselves in abusive, dangerous situations or relationships as adults. Diana E.H. Russell found in her study (1986) that there is a strong relationship between incestuous abuse and later experiences of sexual assault, wife abuse and other forms of sexual victimization.<sup>(15)</sup>
- Survivors with disabilities who experienced sexual abuse in childhood might never have reached a level of independence to escape this abuse and it has become a way of life. Even if they do leave an abusive home, they could continue to be abused by family, caregivers and professionals.
- Flashbacks can be frightening experiences, not only for the survivors, but for those around them. During a 'flashback', the survivor re-experiences the sexual abuse as if it were occurring at that moment. It is usually accompanied by visual images, or flashes of images, of the abuse. This is one of the ways of remembering the abuse. Flashbacks are often triggered by an event, action, or even a smell that is reminiscent of the sexual abuse or the abuser.<sup>(16)</sup>
- Dissociation refers to the ability to escape stressful or harmful situations by creating another place for the mind to go. The intense pain of sexual abuse creates a situation where the victim, in order to cope,



must try to dissociate from her body to leave the situation the only way she can. In simpler terms, it can be described as a type of daydreaming, a need to find a place for the mind (and ultimately one's self) to hide while being sexually abused.<sup>(17)</sup>

- Multiple personality can occur among survivors of child sexual abuse. When the abuse is severe, dissociation or 'splitting' can become the only means of escape. By splitting, other alter personalities develop to help the individual survive the abuse. In a recent study of 185 people in treatment for multiple personality, 98% had experienced sexual abuse in childhood. Multiple personality is described as the process of dividing one's self up into many different parts to handle the many painful experiences of the past.<sup>(18)</sup>

## Coping Mechanisms

Coping mechanisms can also be described as *Survival Strategies*. These strategies have been utilized by survivors in the past, or they are using them at present to help numb the pain of the abuse. They are also used to control feelings, which may threaten to overwhelm survivors.

Survivors may have experienced or are presently experiencing problems associated with drugs, alcohol, food/eating, and/or self-injury.

- Recent studies have shown a relationship between the frequency of drug use and a history of childhood sexual abuse.<sup>(19,20)</sup>
- A similar relationship has been noted with the development of alcoholism and the impact of childhood sexual abuse.<sup>(21)</sup>
- Eating difficulties are common to female survivors. They may develop anorexia nervosa or bulimia. For a survivor, compulsive control of food intake can be a way of exerting control over her body, control that was denied when she was being abused.<sup>(22)</sup>
- Some survivors injure themselves, hurting their bodies by burning, slashing or cutting. The reasons for this behaviour vary. It can be a way of relieving unbearable anxiety, triggered by memories of the abuse. It can also develop as a way of dealing with and confronting strong, painful emotions, "using new pain to hide old pain".<sup>(23)</sup>

## A Word to Survivors

If you find yourself using any of these strategies, it does not mean that you are 'seriously ill' or 'beyond help'. You did (or are doing) whatever was necessary for you to survive. However, these strategies may be endangering your health. Now, as an adult, you can choose to change these behaviours.



Coping with the above-mentioned experiences leads many survivors to feel overwhelmed, or that they are 'going crazy'. These feelings are completely understandable. Think of these experiences and feelings as reactions to trauma that occurred when you were a child. This may be your way of dealing with that trauma. It is especially difficult if you have been living with these feelings locked up inside of you for a long time.

Some of the survival strategies that children use to survive sexual abuse can also become strengths as they grow older. For example, being a hard worker, having a sense of humour, handling crisis situations well, are skills that many survivors develop. These skills help them move beyond surviving to thriving.<sup>(24)</sup>

*If you are a survivor, or suspect you might be, talk to someone about it.*

It is important that you find someone to talk to about your experiences and feelings, either someone you know and trust, or a counsellor. If this is not an option for you right now, reading or viewing some of the material suggested below may be helpful.

### **Where to Go for Help**

- Your local/regional sexual assault or rape crisis centre. The phone number can usually be found on the second page of the telephone book with other emergency numbers.

- If there is no sexual assault centre in your area, contact a local women's shelter or transition house.
- Community health centres, mental health clinics and family service centres may have counsellors who have worked with survivors before. They may also be able to refer you to a self-help group for survivors in your area.
- The hospital in your area may offer counselling services for survivors.

### **What to Do if Someone Tells You He/She Was Sexually Abused**

- Do not judge, condemn or criticize.
- Believe the person.
- Respond in a caring manner and ask them how you can help.
- Encourage the survivor to get support.

Information and support are also available for families and friends of survivors at the locations listed above.

### **Suggested Reading**

Ellen Bass and Laura Davis, *The Courage to Heal*, New York: Harper & Row, 1988.

Euan Bear with Peter T. Dimock, *Adults Molested as Children: A Survivor's Manual for Women and Men*, Orwell, Vermont: Safer Society Press, 1988.

E. Sue Blume, *Secret Survivors*, New York: John Wiley and Sons, 1990.



Elly Danica, *Don't, a woman's word*, Charlottetown, P.E.I.: Gynergy Books, 1988.

Mike Lew, *Victims No Longer: Men Recovering from Incest and Other Childhood Sexual Abuse*, New York: Perennial Library, 1990.

Wendy Maltz and Beverly Holman, *Incest and Sexuality: A Guide to Understanding and Healing*, Lexington, MA: Lexington Books, 1987.

Tony Martens with Brenda Daily and Maggie Hodgson, *The Spirit Weeps* (2nd ed.), Edmonton, AB: Nechi Institute, 1988.

Jillian Ridington, *Beating the "Odds": Violence and Women with Disabilities*, Vancouver: DAWN Canada, 1989.

Gail E. Wyatt and Gloria J. Powell, eds., *Lasting Effects of Child Sexual Abuse*, Newbury Park, CA: Sage Publications, 1988.

### **Suggested Viewing \***

*To A Safer Place / L'Enfant dans le mur*

*Sandra's Garden*

*Counselling the Sexual Abuse Survivor : A New Perspective*

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\* These films, along with 90 others on family violence, are listed in the *Family Violence Audio-Visual Catalogue* – National Clearinghouse on Family Violence. They can be borrowed through the regional offices of the National Film Board.

### **Endnotes**

1. For a more detailed definition of child sexual abuse see "The National Clearinghouse on Family Violence Fact Sheet on Child Sexual Abuse," NCFV; January 1990.
2. Robin Badgley *et al.*, *Sexual Offences Against Children: Report of the Committee on Sexual Offences Against Children and Youths V1*, (Ottawa: Supply and Services Canada, 1984), p.215.
3. Debra F. Bruckner and Peter E. Johnson, "Treatment for Adult Male Victims of Childhood Sexual Abuse", *Social Casework: The Journal of Contemporary Social Work*, (February 1987), pp. 81-87.
4. Robin Badgley *et al.*, *Sexual Offences Against Children: Report of the Committee on Sexual Offences Against Children and Youths V1*, (Ottawa: Supply and Services Canada, 1984), p.175.
5. Wendy Maltz and Beverly Holman, *Incest and Sexuality: A Guide to Understanding and Healing* (Toronto: Lexington Books, 1987), p. 4.
6. Derek Jehu, "Mood Disturbances Among Women Clients Sexually Abused in Childhood", *Journal of Interpersonal Violence*, 4(2), 1989, pp. 164-184.
7. Margaret Shaw *et al.*, "Survey of Federally Sentenced Women: Report of the Task Force on Federally Sentenced Women on the Prison Survey " No. 1991-4, (Corrections Branch, Solicitor General of Canada), pp. 30-31.



8. Dick Sobsey and Connie Varnhagen, "Sexual Abuse, Assault and Exploitation of Individuals with Disabilities". In C. Bagley and R.J. Thomlinson (Eds.). *Child Sexual Abuse: Critical Perspectives on Prevention, Intervention and Treatment* (Toronto: Wall and Emerson, 1991), pp. 203-216.
9. Mansell, S., Sobsey, D. and Calder, P., "Sexual Abuse Treatment for Persons with a Developmental Disability", *Professional Psychology: Research and Practice*. V23, 1992, pp. 404-409
10. D.Kelly Weisberg, *Children of the Night: A Study of Adolescent Prostitution*, (Lexington, MA: Lexington Books, 1985) p.91.
11. Solicitor General Canada, "A Report on Juvenile Prostitution", December 1985.
12. Susan J. Kelley, "Ritualistic Abuse of Children: Dynamics and Impact", *Cultic Studies Journal*, V5(2), 1988, pp. 228-236.
13. Cheryl Waterwomon, "One Survivor's Experience of Ritual Abuse", *Canadian Women's Studies* V2(4), 1991, pp. 70-72.
14. Sylvia B. Patten *et al.* "Posttraumatic Stress Disorder and the Treatment of Sexual Abuse" *Social Work*, May 1989, pp. 197-203.
15. Diana E.H. Russell, *The Secret Trauma: Incest in the Lives of Girls and Women*, (New York: Basic Books, Inc., 1986), pp. 157-173.
16. Ellen Bass and Laura Davis. *The Courage to Heal*. (New York: Harper & Row), 1988, p. 73.
17. Candace Holmstrom, "Counselling Survivors of Sexual Abuse", *Psychiatric Nursing*, October, November, December 1988, pp. 6-10.
18. Margo Rivera, *Multiple personality: an outcome of child abuse*. (Toronto: Education/Dissociation, 1991).
19. Patricia Ann Harrison *et al.*, "Differential Drug Use Patterns Among Sexually Abused Adolescent Girls in Treatment for Chemical Dependency", *The International Journal of the Addictions*, V24(6), 1989, p. 499-514.
20. Judith Groenveld and Martin Shain, *Drug Use Among Victims of Physical and Sexual Abuse: A Preliminary Report*, Addiction Research Foundation, July 1989.
21. Brenda A. Miller *et al.*, "The Role of Childhood Sexual Abuse in the Development of Alcoholism in Women", *Violence and Victims*, V2(3), 1987, pp. 157-172.
22. Ellen Bass and Laura Davis, *The Courage to Heal*,. (New York: Harper & Row), 1988. p. 217.
23. John Briere, *Therapy for Adults Molested as Children: Beyond Survival*. (New York: Springer Publishing Company), 1989. p. 26.
24. Alana Samson, *Childhood Sexual Abuse: A Booklet for Adult Survivors*, (Victoria: Victoria Women's Sexual Assault Centre) 1991, p. 12.



This document was prepared by Kathryn Ann Hill. The contributions of the following individuals are gratefully acknowledged: Sandra Butler, author *Conspiracy of Silence*; Judie McSkimmings, Ottawa Rape Crisis Centre; Shirley Masuda, Disabled Women's Network Canada (DAWN); Fabienne Pierre-Jacques, Studio "D", National Film Board; Deborah Trent, Centre pour les victimes d'agression sexuelle de Montréal; Vera Lagasse, Gordon Phaneuf, Barbara Merriam, Femmy Mes, Joan Simpson, and Katherine Stewart, Health Canada.

For further information on adult survivors of child sexual abuse, or other family violence issues, contact:

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or call the toll free number,  
**1-800-267-1291**



TDD toll-free number,  
1-800-561-5643 or  
(613) 952-6396.

August 1993







